### Definitions

Annual number of women deaths related to or aggravated by pregnancy, childbirth or postpartum period, excluding accidental or incidental causes. Includes the period from conception to day 42 postpartum, regardless of pregnancy location, or its duration. It is expressed for every 100,000 live births.

**Numerator**
Number of maternal deaths in a place and period.

**Denominator**
Number of live births in the same place and period.

**Measuring unit**
X per 100,000 live births.

**Considerations for indicator quality**
It is important to correct for proportion of maternal deaths poorly classified, and to consider percentage of underreporting. For each death, information is required on pregnancy status, period in which death occurred (during gestation, delivery or on what day within 42 days after delivery), and cause of death.

**Interpretation implications**
MMR measures obstetric risk once a woman becomes pregnant. It is the most appropriate indicator if maternal health services are to be evaluated. The Maternal Mortality Rate (its denominator is the number of women of reproductive age) measures the risk of dying and includes both the possibility of becoming pregnant (fertility) and of dying during pregnancy or postpartum period. If the intention is to measure the baseline or progress of reproductive health services, maternal mortality rate is a better measure because it incorporates progress in family planning (fertility, spacing, age at the time of pregnancy) as well as progress in maternity services (access and quality of care).

**Context indicator**
This indicator is relevant as a tracer because it captures failures in both primary care (prevention and early diagnosis) and hospital care (timely treatment and effective management of complications), and also in social conditions according to “delays model.”

### ODS framework

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<td>Place of residence (urban / rural, or geographic location)</td>
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### Preferred data source
Vital records obtained routinely, in contexts where medical record coverage of causes of death is high, and with periodic evaluation of percentage of misclassification and underreporting.

### Alternative data sources
- Household surveys, censuses, sentinel surveillance systems, ad hoc studies
- WHO, UNICEF, UNFPA, the United Nations Population Division and the World Bank Group have developed a method to adjust existing data taking into account data quality issues and to ensure comparability of different data sources. This method involves evaluating data to determine whether it is complete and, where necessary, adjusting for misclassification of deaths, as well as preparing estimates using statistical models for countries not having reliable national level data.

### Inter-agency group estimates
- Global Strategy for Women’s, Children’s and Adolescents’ Health: Key indicator 1

### Global monitoring frameworks
- 100 WHO Basic Health Indicators, 2018.
- Trends in maternal mortality: 2000 to 2017

### For more information